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CONFIRMATION NO. 8397

<b>SERIAL NUMBER</b> 10/537,052	<b>FILING OR 371(c) DATE</b> 06/02/2005 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 2335 US F
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**APPLICANTS**

Allan Shepard, Fort Worth, TX;  
 Abbot F. Clark, Arlington, TX;  
 Nasreen Jacobson, Fort Worth, TX;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/US03/40511 12/19/2003  
 which claims benefit of 60/436,126 12/23/2002

**FOREIGN APPLICATIONS \*\*\*\*\***

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 8	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

**ADDRESS**

Teresa J Schultz  
 Alcon Research  
 R & D Counsel Q 148  
 6201 South Freeway  
 Fort Worth ,TX 76134-2099

**TITLE**

Use of cathepsin k inhibitors for the treatment of glaucoma

<b>FILING FEE RECEIVED</b> 500	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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